Docket No.:

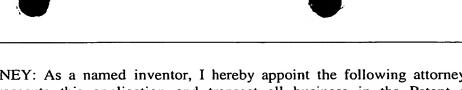


DH	ECLARATI		R OF ATTORNEY FO	R PATENT
		English Lan	guage Declaration	
As a below r	named inventor, I	hereby declare that:		
My residence	e, post office add	ress and citizenship are a	s stated below next to my name,	
I believe I at inventor (if put the invention	olural names are	irst and sole inventor (if listed below) of the subject	only one name is listed below) or ct matter which is claimed and for	an original, first and joint which a patent is sought on
	ECTRONIC DI NG POSITION	EVICE AND MEANS	FOR SECURING A DETACH	ABLE UNIT INTO
the specific	eation of which			
(check one)				
is a	attached hereto.			
☐ was	s filed on	as Unite	ed States Application No. or PC	CT
Inte	ernational Appl	ication Number		
and	d was amended	on (if applicable)	_	
		ewed and understand the nendment referred to abo	contents of the above-identified sp	ecification, including the
			s Patent and Trademark Office all i le of Federal Regulations, Section I	
any foreign a which design checking the	application(s) for nated at least one box, any foreign	patent or inventor's certice country other than the	f, United States Code, Section 1196 ificate, or Section 365(a) of any PC United States, listed below and have inventor's certificate or PCT Intertiority is claimed.	T International Application ve also identified below, by
Prior Fore	eign Applicatio	en(s)		
(Nun	nber)	(Country)	(Day/Month/Year Filed)	Priority Not Claimed
20002897		Finland	29 December 2000	
				<del>                                     </del>

(Country)	(Day/Month/Year Filed)	Priority Not Claimed
Finland	29 December 2000	

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I hereby claim the benefit under 35 U.S.C. Section 119(e) of any United States provisional application(s) listed below:
(Application Serial No.) (Filing Date)
(Application Serial No.) (Filing Date)
(Application Serial No.: (Filing Date)
I hereby claim the benefit under 35 U.S.C. Section 120 of any United States application(s), or Section 365(c) of any PCT International Application designating the United States, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International Application in the manner provided by the first paragraph of 35 U.S.C. Section 112, I acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me to be material to patentability as defined in Title 37, C.F.R., Section 1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application:
(Application Serial No.) (Filing Date) (Status) (patented, pending, abandoned)
(Application Serial No.) (Filing Date) (Status) (patented, pending, abandoned)
(Application Serial No.) (Filing Date) (Status) (patented, pending, abandoned)
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.
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POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (list name and registration number)

All attorneys listed under Customer No.: 2512

Send Correspondence to:

Customer No.: 2512

Full name of sole or first inventor: ILVONEN, Mika

Second inventor's signature:

Residence address:

Post Office Address:

Citizenship:

Direct Telephone Calls to: (name and telephone number) Clarence A. Green, Reg. No.: 24,622 (203) 259-1800

Sole or first inventor's signature:	DATE
Mika Moonen	24.10,2001
Residence:	
Tampere, Finland	
Citizenship:	
Finland	
Post Office Address:	
Satamakatu 5 C 64, FIN-33200 Tampere, Finland	
	. —
Full name of second inventor:	

DATE

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Full name of third inventor:		
Third Inventor's signature:	DATE	
Residence address:		
Citizenship:		
Post Office Address:		
Full name of fourth inventor:		
Fourth inventor's signature:	DATE	
Residence address:	With the second	****
Citizenship:		
Post Office Address:		
ull name of fifth inventor:		
ifth inventor's signature:	DATE	
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Citizenship:		
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